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HEALTH

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THE FOOD SHORTAGE

THE more the merrier. This was the policy followed by the Government of Madras and all the local bodies with regard to the establishment of rice mills all over the province. The contagion spread like wild fire throughout the land that not an important street in a town or a populous central village was left without a mill to its credit. Hand-pounding of paddy which was the custom from time immemorial gave place to milling to such an extent that even the labouring classes who earned their living by pounding paddy thought it not profitable to pursue the old profession any further. Even their hard earned cooly of a *Marakkal* or two of paddy found its way to the mills. The powers that counted did not heed to the advice tendered by nutrition experts after elaborate study and research, but indirectly helped the growth of mills.

The present world war, the shortage of rice imports from countries like Burma, the partial failure of crops, and the possible rice shortage have opened the eyes of the Government and other authorities. The Government have now come forward to lecture to us on the necessity of vitamins in our food to make up a balanced diet. "Drink more milk" and other slogans which were very common some time back, without the least regard to the capacity of the people to buy them, have now given place to "Eat hand-pounded rice," "Value the husk" and other slogans.

Better late than never, and even this rather late recognition by the Government of their responsibilities to safeguard the health and well-being of the people under their care, is, no doubt, welcome, if followed up with concrete and effective steps in that direction. But we find that the steps they have so far taken, or propose to take in the near future, are hardly sufficient to meet the needs of the situation. Addressing a Food Conference recently held at Madras, Mr. Galletti, I. C. S, speaking on behalf of the Government of Madras, admitted that while the war

situation had no doubt helped many to secure employment there were many people who still remained unemployed and that the increase in the rise in wages of the employed by way of war allowance or otherwise was not commensurate with the increase in the prices of foodstuffs. The situation has deteriorated considerably since then.

Even in normal times a large proportion of the people of the province had to content themselves with a single meal a day. But with the present rise in the prices of foodstuffs and the certain prospect of its shooting up still higher, unless effective steps are taken in this respect, we ask the Government in all seriousness, if it is possible at least to maintain the *status quo*, *viz*., having at least a square meal a day for a large section of the people of this province. May be the richer classes can afford to pay the high prices that are now ruling in the market, but they constitute only an insignificant part of the sum total of the population. It is the middle and lower classes who form the bulk of the population that are seriously affected by the present position. They have not the wherewithal to adopt the balanced diet preached by the Government, and even if they attempt to do it by raising loans, wherever possible, it is difficult for them to get the required supplies. We are aware of the steps that the Government have taken to meet the situation, but the appointment of highly paid officers alone for this, that and the rest cannot solve the problem. What is wanted is a definite policy and programme behind it which will ensure the regular supply of necessary foodstuffs to make up a balanced diet. The first thing to be done is the fixation of their prices. Such a demand has been put forward by all the non-official organisations in the country, including those of the Europeans, but the Government appear to be wary in accepting it. Probably their inability to strictly enforce prices in respect of some commodities whose prices they have fixed is responsible for this unwarranted caution. Difficult situations require desperate remedies, and the Government's hesitancy in this behalf is not very encouraging. Unless this is done the hardships of the people cannot be minimised and the deterioration in their health cannot be put a stop to.

The next most important step that has been suggested is the introduction of rationing. In England and other countries this is very successfully worked out. Here again our Government is hesitant. We read in their communiques that they will resort to it, if and when necessary, and some preliminary steps have also been taken in this direction. But as others have pointed out the officialdom is making a persistent attempt all along to present rationing as something undesirable. The reason is not far to seek. To enforce rationing with a view to ensure the even supply of foodstuffs to all people, irrespective of their rank in social life, they should have full and complete data of the requirements of the people and the stock available with merchants and the ryots. Then only can they introduce rationing and carry it out successfully. But they appear to hesitate to do this, as many responsible people have already pointed out. This is not the way in which a serious and difficult situation can be successfully tackled.

The main staple food, rice, it is now impossible to get at reasonable prices. Pulses which occupy a prominent place in the Government recipes and which are essential for a balanced diet are selling at prices which are beyond the reach of average citizens. The province has not got a sufficient stock of these pulses. We are, of course, aware that the Government have deputed some highly paid special officers to purchase them from surplus provinces, and we are even told that some

of these provinces have promised a regular supply. But their action is belated, and one cannot be quite sure that sufficient quantities of pulses can be obtained even with the best of efforts in this direction.

We are thus faced with a crisis of unprecedented magnitude and unless the bureaucracy sheds its usual red-tapism and sets about the business in right earnest by seeking the co-operation of non-official agencies and organisations which are ever-ready and willing to give their whole-hearted co-operation in any attempt made in the right direction, to alleviate the sufferings and hardships of their fellow citizens, a situation will arise which even an all-powerful Government will find it difficult to control. We have already had a foretaste of it in some places in the presidency. Not to speak of mob rule that it will create, the health of the people will be seriously affected. We hope that the Government will take prompt action in the matter.

INCOMPATIBLE DIET

BY R. E. WMS. JEHORATNAM, L.A.M., M.C.P.S., (CAL.),

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THIS is a unique idea in Ayurveda, absent in Western medicine. Considering the position in the tropical countries where auto-intoxication is more common than in the temperate regions of the globe, where the digestive system is generally weaker than in the temperate regions, one should be very careful about the diet combination even in regard to health.

By incompatible diet (*Biruddha Bhojan*) is meant that certain foodstuffs taken together tax the digestive system too severely and often upset it, if continued for some time. A host of diseases result from too frequent enjoyment of such incompatible food combinations.

The following are cited as examples:— (1) Phaseolus Radiatus (*mashkalai*), honey, milk, germinated rice grains, lotus-stem, radish and molasses are individually incompatible with animal flesh; (2) milk and meat in excess; (3) milk and fish; (4) pork and porcupine's meat; (5) chicken's meat and *dahi*; (6) radish with *mashkalai* soup; (7) whey or *dahi* with plantain; (8) wine, *kichuri* and *payas*; (9) honey, ghee, marrow, vegetable oil and water; (10) acids, acid fruits like Spondias mangifera (*amra*), cocoanut, dolichos unifloris (*kulthi-kalai*), some wild varieties of paddy, wild varieties of mug; some vegetables like radish are incompatible individually with milk; (11) taking improper food which is unsuited to the season; (12) taking certain diseased vegetables. Ayurveda advises the use of fruits and vegetables of the season. Any fruit or vegetable growing out of season owing to changed environments (soil and atmosphere) is not medically healthy. Such fruits and vegetables, if taken, will induce the disease of the season. Hence it is advisable not to take certain vegetables in certain months of the year. Thus bean is a winter vegetable and is diseased, if grown in spring. The partaking of the bean in spring makes one liable to eruptive fevers. Conversely, fresh young *nim leaves* grow in spring and their use will prevent an attack of eruptive fever. Improper or incompatible foods, if taken, upset the digestion and cause generation of toxins in the intestines. And hence they are the cause of many diseases.

Proper Food of Each Season.—

1. *Hemanta or Early Winter.*—The blood goes to the internal organs which become very active. The digestive organs share in the general activity. Foods which are not digested in any other season, are digested now. If, therefore, insufficient food is taken, it induces flatulence and tissue waste.

2. *Sisera or Late Winter.*—It is desirable to take pungent articles with diet, and to avoid light and astringent food and drinks, the east wind, excess of liquid, cooling food and drinks.

3. *Basanta or Spring.*—"Kaphaja" diseases prevail. It is therefore advisable to adopt such a procedure as will sooth the highly vitiated *kapha*. This can be done by avoiding food heavy of digestion, cold, acid, too sweet and soothing, sleep at day-time, etc. It is desirable to take exercises, hot water for drinking, and food of bitter, pungent and astringent tastes.

4. *Grishma or Summer.*—The best foods for this season are cold liquids and soothing fruit *sherbats*, other cooling drinks, meat soup, ghee, milk, and saline, pungent, sweet and acid things. Cold baths, being indoors avoiding the heat, and sleeping in the open at nights are good. Avoid too much exercise, direct sun's rays, hot water, wine and coition.

5 *Barasa or the Rains.*—Diseases are more rampant in this season than in others. Avoid damp room, exercise, sleep at day-time, river and surface water ; take acid or alkaline dry and light articles of diet, old rice, meat soup with fat and condiments, wine prepared from old honey, deep well water; heated and cooled, old barley and sweets.

6. *Sarat or Autumn.*—There will be good appetite in this season. Take sweet, light, acid, bitter and other articles of diet, ghee with bitters, rice, soup of phaseolus mango, embolic myrobalan, patole (tricosanthus dioica), birds, deer, rabbit, and meat. Avoid fat, oil, dew, curd, sleep at day-time, east wind, salty things, sun's rays and strong wines.

The following should be remembered in this connection — (*a*) Generally make it a habit to take all kinds of foods of different tastes in each season, but take the proper food of the season more than the rest.

(*b*) Seven days before and seven days after the junction of two seasons is the period to gradually change the food of one season to that of another, for an abrupt change will bring ill-health.

(*c*) Nature is bountiful in providing fruits and vegetables appropriate for each season, which should be taken with advantage by the intelligent. For a lay man having no knowledge of the *Tri-Dadhu* of Ayurveda, the following rules are given :

Acid—aggravates in the *Rains* —should be avoided.

Saline—aggravates in the *Autumn* —should be avoided.

Sweet—aggravates in the *Early Winter* —should be avoided.

Bitter—aggravates in the *Late Winter* —should be avoided.

Astringent—aggravates in the *Spring* —should be avoided.

Pungent—aggravates in the *Summer* —should be avoided.

I wish to give for example, a case where dietary played an important part in a case of Dyspepsia (*amla-pitha*). The general cause of this disease according to Ayurveda is incompatible food, such as milk, fish, etc., or food that is sour or that becomes sour in course of digestion. Such food interferes with the proper secretion of digestive elements, and vitiates the digestive fire generated in the system. The common symptoms are indigestion, a sense of fatigue, nausea and vomiting, bitter or sour eructations, a burning sensation in the chest, constipation, loss of appetite, disgust of food, etc.

These symptoms were noticed in a patient, who explained the food he was enjoying for some time. It was composed of rice and curry with animal diet, followed by milk and fruits. He best enjoyed a fish-dish. The food itself was inharmonious, and was the cause of the Dyspepsia.

The treatment was simple. I put him under *langhana* (fasting) for some time, by restricting certain dishes he loved best, and on vegetable diet for a week. A mixture was given to promote his digestion, and the proper diet was prescribed. He now enjoys good health.

'Pranayam'

By Dr. Durga Ranjan Mukerji, M.B.,
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Pranayam is dissociation of normal respiratory phenomenon, with a view to bring respiratory activities under volition. Respiration is partly volitional, therefore advantage is taken of it. Heart's action which is involuntary is brought under control later on by a systematic process of practice through its nerve control. *Pranayam* can be well understood when interpreted in anatomical terms, through modern physiology. Before practice of *Pranayam* one has to practice *Narisodhan*—a simplified respiratory exercise consisting of inhalation and exhalation with a thought over activities on the brain and the spinal-cord. Practice of morality and self restraint on lines of *yoga* are essential for success. Long past heredity of culture is also a vital factor. Principles and achievement of *yoga* are still beyond the scope of modern science so far as higher phenomena are concerned. Attempt to explain *yoga* may enhance knowledge of physiology, psychology and pathology. In certain individuals such as plethoric persons, a systematic washing of internal organs may be necessary. but they too have rather been condemned for being not without risk and are less important, like the practice of so many *asanams*, as advocated by modern physical culturist for all-round development of the body which is a misrepresentation of true *yoga*.

Yogic breath-control is a psychic phenomenon. The *yogi* exerts his will-force, and the nervous system inhibits respiration by the fixation of the thoracic wall and the respiratory organs. In higher phases, the abdomen rather retracts, diaphragm presses on to the contents of the thoracic cavity, blood is forced on to the head, the head is flexed, the neck is constricted and the cerebro-spinal fluid is expelled. There is profuse absorption of oxygen, rise of intra-cranial pressure, vagal inhibition of the heart, followed by signs of sympathetic prominence and finally by long-enduring practice—capability to inhibit respiration and heart-beat for long period with ease under will becomes possible. In a higher type of *Pranayam* the respiration and heart beat are stopped by volition and it has no phase of inspiration and expiration.

On the capability to hold breath long, through the nerve under will, depends the attainment of higher *yogic* phases (due to development and awakening of the dormant nerve electric force).

Pranayam is the key note to *yogic* power Forcible withholding of breath is a dangerous p h y s i c a l exercise.

It is better that a non-medical man should learn the first difficult, yet essential, item in *yoga* from an expert who can explain the matter from his knowledge of medical science and practical experience.

The practice of pranayam increases capability of the body-cells to absorb

the greatest amount of oxygen. It tends to reduce the carbon-dioxide and other poisonous contents of the blood and intestines. Finally the body cells are educated to work with a low metabolism and resist de-oxygenated condition, nay more, to suspend activities of the body and mind altogether. *Joni-mudra* is also a complicated type of breath-control. The improvement of nerve condition improves the vaso-motor system which influences endocrine balance and indirectly influences metabolism and immunity.

The practice of *pranayam*, if properly carried on, acts as a sure preventive, and sometimes, in suitable early cases, a cure against pulmonary tuberculosis. The practice is a sure preventive against diseases of the cardio-vascular, digestive, endocrine, metabolic, excretory and nervous systems. It leads to the development of a sturdy, yet plastic, body and an enviable mind.

Photographs.—Photographs showing anterior (front views), *Kumbhak* (withholding) phase, of the writer taken within short periods :

I. *Body* lean, thin, free from unnecessary weight and fat. Lower ribs well exposed. Upper part of chest, flat, broad, well covered with muscles. Abdomen boat-shaped, well retracted, head completely flexed. Face looks thinner than the body (so far visible). Instead of looking to be a tubercular or diabetic subject, he reflects rather health. His normal health is like that minus his inflated chest (upper part), and he has been persistently so for the last 20 years or more since a student at the Medical College. A typical phase of *yogi's* thin appearance.

FIG. I.
PRANAYAM—THIN BODY.

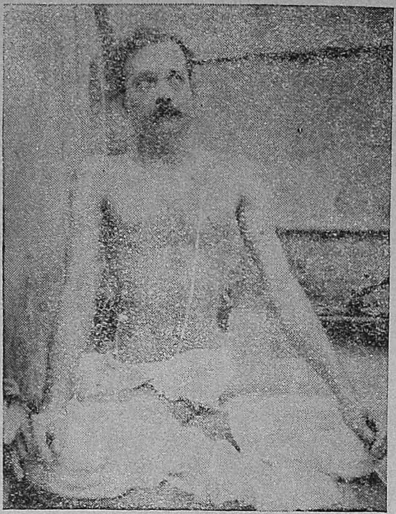

FIG. II.
PRANAYAM—HIGHER.
ELASTIC BODY—GREAT STRENGTH.

II. *The photo of Higher Pranayam Stage* (volitional inflation of body through the activities of the nerves indicating *yogic* strength).

He looks a powerful one. The muscles reflect strength but no exhibition of any prominence of contraction. Body neither fatty nor devoid of fat. The abdomen neither bulging nor retracted. The outer border of rectus muscle indicates the maintenance of high intra-abdominal pressure. The face has become more inlated than the body (the face and

and no expression. (Face and body in deeper phase of Paralysis Agitans ?) A type of psychic breath control in which there is no inspiratory or expiratory phase. The suspension of breath and complete inhibition of breath is purely a volitional phenomenon passing on to the phase of complete inhibition of the functions of body and mind—suspended animation—a deeper phase of which means *Raj-Yoga Samadhi.* Highest perfection of *yogic* practice.

There are eight varieties of *Pranayam* and only four types are being illustrated here with photographs which have been taken during actual practice of the writer. The subject is a long one and highly interesting. The next phase is the practice of *Mudra* by which the awakened nerve force permits the *yogi* to exert perfect control over his body organs and mind.

FIG. III.
BHASTRIKA PRANAYAM.
CAN WITHSTAND ANY STRAIN.

head of a wrestler are rather small and short in comparison). It reflects withdrawal of the inhibitory influence of the higher cerebral centre from the lower nerve centre. The withholding of breath is by volitional fixation through the nerves.

III. *Photo on Bhastrika (bellow-type) Pranayam* :—The photo on Bhastrika Pranayam, the condition of abdomen, chest, neck, face and eyes reflect his power of endurance. This class of sturdy feature is noticeable among labouring classes. The withholding of breath is due to (1) closure of respiratory passage, and (2) fixation by nervous factor. A practice for strengthening vital internal organs.

IV. *Photo showing Kebali Kumbhak—Deep Samadhi Phase* :— The face and body resemble postmortem rigidity. A stone statue condition. No effort, no exhibition of muscle

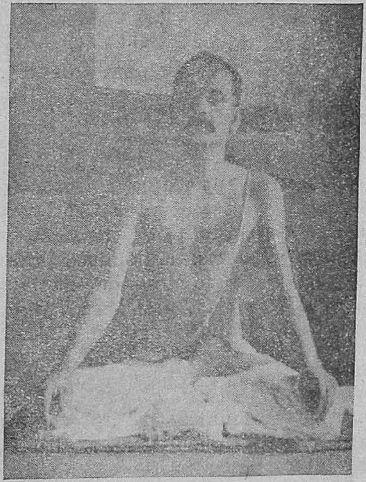

FIG. IV.
SAMADHI—KEBALI KUMBHAK.
STONE STATUE CONDITION.

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SYPHILIS: ITS CAUSE AND CURE

By K. VISWANATHAN,
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PROSTITUTION, they say, is the oldest profession in the world. Syphylis, as a consequence, is the oldest disease and is incurable. They argue thus.

Let us have a glimpse at its causes, treatment and cure. Syphylis is one of the deadliest diseases known; in a way it is worse than plague. In fact it is called "white plague."

It is impossible to say when or where the disease originated, but it appears to have occured in Europe and certain parts of Asia (where perhaps the standard of sexual morality was low) from the earliest times and has gradually spread over the whole globe. So far as India was concerned the disease was unknown till the advent of the Europeans. In fact it is known in the vernacular of the north as *Feringhi* disease, and in tamil as கப்பல் வியாதி. The Europeans introduced it into India.

Schaudinn and Hoffmann, in 1905, described the parasite, *Spirochaeta pallida*; in the same year Dr. Roux and Dr. Metchnikov, of the Pasteur Institute in Paris, announced that syphylis is caused by the bacillus *Spirochaeta pallida*, first observed by Messrs Bordet and Gengon in 1902.

Syphylis is a specific, highly contagious (but non-infectious) disease, usually communicated by impure sexual connection. It may also be communicated by contact of the virus with a breach of surface or transmitted hereditarily.

In the hereditary form of the disease a distinction is sometimes drawn between *congenital* syphylis, in which the ovum or spermatozoon is syphylitic, and *inherited* syphylis, in which the fœtus acquires the disease through the mother, contracting it during her pregnancy.

Syphylis contracted during pregnancy often leads to miscarriage. Should the labour be at full time, the infant is generally puny, malformed and the victim of specific affections such as 'snuffles' and of various diseases of the bone and skin. Eyes are often attacked, and the child may even be born blind

No human being is immune from the disease unless protected by a previous attack. In the majority of cases the virus enters the system through an abrasion on the genital organs; numerous instances are, however, recorded in which scratches or sores elsewhere have admitted the poison. After the syphylitic virus is absorbed in the system, there ensues a period of incubation which varies from 14 to 30 or even 40 days. At the end of this period a hard or indurated chancre or ulcer appears at the seat of contagion—*viz*, the genitals — succeeded by inguinal buboes. It is indolent, often painless, and throws off a thin, scanty, non-purulent discharge. To the touch a chancre feels like a nodule of cartilage. If kept clean, it tends to disappear spontaneously; but if irritated it may break down and suppurate. About a week after the appearance of the chancre the nearest lymphatic glands become enlarged. This is the primary or local stage.

Some six weeks after the development of the chancre an exanthematous rash appears, and is generally most marked on the chest. It consists of rosy red spots which later become brownish. As this macular

eruption fades, papules often occur, and speedily assume a coppery hue. There also occur ulcers in the throat, copper coloured eruption on the skin, pains in the bones, nerves etc. At the same time constitutional symptoms such as anorexia (loss of appetite), malaise, and sometimes desquamation of the cuticle set in. The hair and nails may suffer, becoming dry and brittle, and even falling out. The mucous membranes are also affected. Ulcers and mucous patches develop about the mouth, tonsils and throat, while condylomata may appear about the genitals, especially in the absence of rigid cleanliness. Iritis and other eye symptoms as well as muscular pains and articular swellings may also be manifested. These and similar symptoms may continue for months and in many cases the disease seems to end with them. This is the secondary stage.

But a considerable proportion of patients develop further symptoms which are often of a grave and intractable nature; this is especially the case where the early stages have been neglected. The symptoms may be severe eruptions such as rupia; or gummata may form in the subcutaneous tissues, in muscles, in bones, brain or other internal viscera. Along with these there is often a characteristic cachexia. At a still later period nervous diseases such as general paralysis and locomotor ataxia may follow an attack of syphylis. In some cases syphilis runs a rapid malignant, intractable and fatal course, but the virulence and fatality of the disease can be checked. This is the tertiary stage of the disease.

(To be concluded)

PEACE OF MIND AND SOUL

Peace of mind and Peace of Soul
Form a full grown body whole.
Loss of Peace makes man despair;
Mars a blooming heart's desire.
Life is gloomy, life is short;
Dazzling, dismal facts distort.
Countless clamours figure freely;
Head is whirling, aching sorely.
Angry, awful, amber-looking
Eyes are painful, lustre-lacking.
Varying vim and vigour vibrate
Although, at last thus they migrate,
Making Soul a final goal,
Leaving Mankind in deep dole.

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Some Interesting Figures

According to the latest statistics, we have only one nurse to 65,003 people and that in some Provinces there is only one nurse to two lakhs. The area of England and Wales is less than that of Bombay, yet it has approximately 200,000 nurses Out of these at least 120,000 are registered by the General Nursing Council In spite of these figures Englishmen are doing everything possible to increase their number of nurses; therefore, the paucity in India is even more amazing.—*Nursing Journal.*

Common Fallacies of Puerperium

(Child-Birth)

By Dr. P. N Kanwar,
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In spite of the fact that great publicity has been given to the important subject of child-birth, still I have come across during my practice many fallacies and blunders being committed by the ignorant public. My reason for writing the following lines, even at the risk of repetition, is that even amongst the educated families such blunders are commonly met with and so I want to bring them to the notice of the readers of your widely circulating paper, the 'Health.'

I. Labour is divided generally into three stages:—1st stage, the stage of dilatation, lasts from the onset of true pains to the full dilatation of the neck of the womb; 2nd stage or stage of expulsion ends with the birth of the infant; and the 3rd stage ends with the birth of the placenta. Normally, the first stage lasts from 12 to 24 hours in the primapara and 4 to 8 hours in the multipara. This is the stage in which the mother has to pass through the agony of pains. As the labour pains advance, so the agony increases, and the relatives and attendants become anxious and ask the *dais* to cut short this period of distress. The *dais*, in order to please them and to show their worth and ability, resort to unnecessary interference, handling and putting inside of strongly medicated plugs. This proves harmful in the end. It should altogether be left to nature to complete the first and second stages in their due course of time, without any external interference except under expert medical help, and not hurried through.

II. Nature has provided a most elaborate system of antisepsis. The birth canal may be divided into three parts.—(1) vulva and entrance to vagina. This is full of various organisms and is called the septic tract; (2) vagina, containing vaginal bacilli, their acid secretions and fungi and is called the antiseptic tract; and (3) cavity of the uterus devoid of any form of organism—the aseptic tract. Now, all natural processes of labour are from the aseptic through the antiseptic to the septic tract, while all forms of interference are from the septic through the antiseptic to the aseptic. Nature, however, adopts further safeguards: (1) increase in vaginal secretion during the first two stages of labour; (2) flushing of the vagina by the sterile Liq. Amnii—the fluid in which the fœtus floats—in the rupture of the water bag; (3) a 2nd flushing of the vagina immediately after the child's birth; and (4) mechanical cleansing or mopping by the placenta and its coverings in its expulsion. In spite of such an elaborate natural system of antisepsis and cleanliness, so many cases of puerperal sepsis occur, that we can well imagine how great is the amount of interference by the so called *dais*. In no case should they be allowed to do so and play loose and fast with human life. It should be thought criminal.

III. There is another practice of not cutting the umbilical cord and separating the child till the expulsion of placenta is complete. Not only the indigenous *dais* but even some of the trained *dais* follow this practice. They defend this by saying that it keeps up a regular traction on the placenta and facilitates its expulsion. This is absurd. This pull is rather harmful as the placenta is liable to be torn off by a sudden jerk. There

is a great danger to the life of the child from remaining in the pool of blood and water uncovered after coming out of the cosy nest, as it is prone to catch chill, causing pneumonia and other lung complications. Some are literally drowned in this pool, and valuable time is lost in others requiring resuscitation. The procedure should be that as soon as the cord stops pulsating, two ligatures should be tied to the cord—one about two inches from the umbilicus and second about three inches from the vulva. This second ligature has saved many a life of the child in cases of twin births. The cord should then be cut in between the ligatures half-an-inch from the umbilical ligature with a sterilised pair of scissors and not with any dirty instrument available at the time as is usually the practice. Immediately after, the child should be wrapped up in a towel and laid aside.

IV. For the first two days after delivery, there is no milk secreted but only a thick sticky fluid called colostrum. The common fallacy is that the infant is not allowed to suck this fluid but given cow's or goat's milk or sometimes a little clarified butter (ghee) and sugar. This causes flatulent colic and often death. As a matter of fact the infant does not require any diet at this time. But as soon as the mother has had some sleep or rest after delivery, the child should be put to the breast regularly every four hours to suck this colostrum which at this stage is the only diet for the baby. It has many uses (1) It acts as a laxative, (2) child learns to suck, (3) milk glands of the breast are stimulated to secrete milk, (4) nipples are drawn out and ready for use, and (5) by the psychic effect of sucking on the mother, involution of the uterus is to a great extent helped. Thus the putting of the infant to the breasts for the first two days is most beneficial and important.

V. It is generally the custom to give to the mother chappathis mixed with ghee or wheat flour, ghee and sugar cooked in water to a semi-solid consistency. Mother's digestive system at this stage is too weak to digest such a rich diet. On the other hand, milk which should form the chief diet is totally avoided on the plea that it causes pus formation in the uterus. As a matter of fact milk should be the only diet for the first three days, and as the health improves, other light foods may be added, still keeping the milk as the main diet. It is not only digested easily, is nourishing but also helps production of more milk in the breasts.

Strange as it may seem, on the other hand, some of the old customs which were based on scientific principles are being discarded by the present day public while the injurious ones are being retained. As an example of the former, the various days for certain rituals and baths during the puerperium were fixed on sound principles amongst the orthodox; the first bath is given on the 6th day; second one for purifying on the 13th; final purifying on the 21st; and full recovery bath on the 40th day. The underlying object was that on the 6th day the woman was allowed to sit up, as before this sitting or walking is liable to cause falling of the womb and its various malpositions. On the 13th day she becomes sufficiently convalesced to move about and descend from the bed. After 21 days she can do the ordinary household work but is not allowed to go out of the house. After 40 days she is deemed to be fully cured and can undertake journeys. But no one cares for these periods these days, and long journeys are undertaken even after 21 days and sometimes earlier resulting in many ill-effects.

Again, on all these days especially the 6th and 13th, to purify the mother, a mixture of milk, *dahi*, ghee, honey, Ganges water and cow's urine is given. The real object is that milk

is nutritious and is a food, *dahi* is digestive, ghee is a tonic and laxative, honey is a blood purifier and food, Ganges water has now been proved to be a germicide, and cow's urine in some way acts specifically in puerperal conditions. Here I want to stress the use of cow's urine internally which at the present time is supposed to be a dirty habit. Yet it contains special beneficial constituents which act prophylactically and curatively in this condition. In my practice I have treated several cases of puerperal fever by giving only cow's urine—of course mixed with one or two drugs to hide its colour and taste and have met with complete success without the use of serums by injection.

"IT IS SIMPLER TO CURE SICK SOIL THAN SICK PEOPLE"

By REX BEACH.

Do you know that most of us to-day are suffering from certain dangerous diet deficiencies which cannot be remedied until the depleted soils from which our foods come are brought into proper mineral balance?

The fact is that foods now being raised on millions of acres of land that no longer contain needed minerals, are starving us–no matter how much of them we eat.

You'd think, wouldn't you, that a carrot is a carrot—that one is about as good as another as far as nourishment is concerned? But it isn't; one carrot may look and taste like another and yet be lacking in that particular mineral element which our system requires and which carrots are supposed to contain. Laboratory tests prove that fruits, vegetables or grains to-day are not what they were a few generations ago.

So far as the records go, the first man to demonstrate that most human foods of our day are poor in minerals and that their proportions are not balanced, was Dr. Charles Northen, an Alabama physician. Specializing in stomach diseases and nutritional disorders, he made extensive studies along this line in conjunction with a famous French scientist. In the course of that work he convinced himself that there was little authentic, definite information on the chemistry of foods.

He also came to the conclusion that foods could not be used intelligently in the treatment of disease, because they differed so widely in content. In establishing the fact that serious deficiencies existed and in searching out the reasons therefor, he made an extensive study of the soil. It was he who first voiced the surprising assertion that we must make soil building the basis of food building in order to accomplish human building.

" Bear in mind," says Dr. Northen " that minerals are vital to human metabolism and health, and that no plant or animal can appropriate to itself any mineral which is not present in the soil upon which it feeds."

" When I first made this statement I was ridiculed, for up to that time people had paid little attention to food deficiencies and even less to soil deficiencies. Men eminent in medicine denied there was any such thing as vegetables and fruits that did not contain sufficient minerals for human needs. Eminent agricultural authorities insisted that all soil contained all necessary minerals.

"Some of our respected authorities even claimed that the so-called secondary minerals played no part whatever in human health. It is only recently that a number of eminent scientists have agreed that these minerals are essential to plant, animal and human feeding.

"We know that vitamins are complex chemical substances which are indispensable to nutrition and important for the normal function of some special structure in the body. Disorder and disease result from any vitamin deficiency.

Foods vary in Value.—"It is not commonly realized, however, that vitamins control the body's appropriation of minerals, and in the absence of minerals, they have no function to perform. Lacking vitamins, the system can make some use of minerals, but lacking minerals, vitamins are useless.

"Neither does the layman realise that there may be a pronounced difference in both foods and soils—to him one vegetable, one glass of milk or one egg is about the same as another. However, the truth is that our foods vary enormously in value and some of them aren't worth eating, as food. For example, vegetation grown in one part of the country may assay 1,100 parts per billion of iodine, as against 20 in that grown elsewhere.

"Some of our lands, even in a virgin state, never were well-balanced in mineral content, and unfortunately we have been systematically robbing the poor soils and the good soils alike of the very substances most necessary to health, growth, long life and resistance to disease.

"The more I studied nutritional problems and the effects of mineral deficiencies upon disease, the more important it became in my mind to find a method of restoring those missing minerals to our foods."

The results obtained by Dr. Northen are outstanding. He has doubled and redoubled the natural mineral content of fruits and vegetables. He has improved the quality of milk by increasing the iron and the iodine in it. He has caused hens to lay eggs richer in the vital elements. By scientific soil feeding he raised better seed potatoes in Maine, better grapes in California, better oranges in Florida and better field crops in other States.

A 10-year test with rats proved that by withholding calcium they can be bred down to a third the size of those fed with an adequate amount of that mineral. Their intelligence too, can be controlled by mineral feeding as readily as can their size, their bony structure and their general health.

Many backward children are "stupid" merely because they are deficient in magnesia.

It is now agreed that at least 16 mineral elements are indispensable for normal nutrition. Calcium, phosphorus and iron are perhaps the most important.

Calcium is the dominant nerve controller; it powerfully affects the cell formation of all living things and regulates nerve action. It governs contractibility of the muscles and the rhythmic beat of the heart. It works only in sunlight. Vitamin D is its buddy.

Dr. Sherman of Columbia asserts that 50 per cent of the American people are starving for calcium. A recent article in the *Journal of American Medical Association* stated that out of 4,000 cases in New York Hospital, only two were not suffering from a lack of calcium.

What does such a deficiency mean? How would it affect your health or mine? So many morbid conditions and actual diseases may result that it is almost hopeless to catalogue them. Included in the list are: rickets,

bad teeth, nervous disorders, reduced resistance to other diseases, and incorrigibility and non-adaptability.

Proper Soil Balance.—So it goes down through the list, each mineral element playing a definite role in nutrition.

We must rebuild our soils; put back the minerals we have taken out. That sounds difficult, but it is not. Neither is it expensive. Therein lies the short cut to better health and longer life.

Dr. Northen undertook to demonstrate how this could be done. By re-establishing a proper soil balance he grew crops that contained an ample amount of the desired minerals.

He proved that crops grown in a properly mineralised soil are bigger and better; that seeds germinate quicker, grow more rapidly and make larger plants; that trees are healthier and put on more fruit of better quality.

He experimented with a variety of growing things, and in every case the story was the same. By mineralizing the feed at poultry farms, he got more and better eggs; by balancing pasture soils, he produced richer milk.

I met Dr. Northen, because I was harassed by certain soil problems on my farm which had baffled the best chemist and fertiliser experts available. He is an elderly, retiring man, with a warm smile and an engaging personality.

"Do you call yourself a soil or a food chemist?" I inquired.

"Neither. I am a doctor of sick soils."

"Do you mean to imply that the vegetables I'm raising on my farm are sick?" I asked.

"Precisely! They are as weak and undernourished as anæmic children. Look at the pests and the diseases that plague them.

"A healthy plant, however, grown in soil properly balanced, can and will resist most insect pests. You have tuberculosis and pneumonia germs in your system but you're strong enough to throw them off. Similarly, a really healthy plant will pretty nearly take care of itself in the battle against insects and blights —and will also give the human system what it requires.

Gains to Agriculture.—"Good heavens! Do you realise what that means to agriculture?"

"Perfectly. Enormous savings. Better crops. Lowered living costs to the rest of us."

"Healthy plants means healthy people. We can't raise a strong race on a weak soil. Why don't you try mending the deficiencies on your farm and growing more minerals into your crops?"

I did try and I succeeded. I was planting a large acreage of celery and under Dr. Northen's direction I fed minerals into certain blocks of the land. When the plants from this soil were mature I had them analysed along with celery from other parts of the State. I was amazed to learn that my celery had more than twice the mineral content of the best grown elsewhere.

"It is neither a complicated nor an expensive undertaking to restore our soils to balance and thereby work a real miracle in the control of disease," says Dr. Northen. "As a matter of fact it is a money-making move for the farmer, and any competent soil chemist can tell him how to proceed.

"First determine by analysis the precise chemistry of any given soil, then correct the deficiencies by putting down enough of the mineral elements to restore its balance. Soils seriously deficient in minerals cannot produce plant life competent to maintain our needs and with the continuous cropping and shipping away of those concentrates, the condition becomes worse..... ...

"It is simpler to cure sick soils than sick people—which shall we choose?" —*Der Wendepunkt.*

HEADACHE

A SYMPTOM, NOT A DISEASE

BY CARL B. ERMSHAR, M.D.

HEADACHE is one of the most common complaints. Perhaps this symptom is noted by the physician as frequently as any other complaint which he is called upon to treat. Almost no other symptom has as wide a variety of causes as does headache. It is responsible for great economic losses, as it often causes the individual suffering from it to stop work for a variable period.

Adequate treatment calls for great care in ferreting out the cause for the complaint, as it is necessary to be sure no serious organic disease is present. The newspapers and magazines call our attention to remedies for headaches. I mention the advertisement of patent medicines here because I feel that far too many persons are taking these medications to obtain relief from the symptom. Once the relief is obtained, they do not bother about finding the cause of the headache, but when another attack is experienced, resort again to the medication.

If the root of the trouble were discovered instead of treating only a symptom, the incidence of headache would be greatly reduced. Let us examine some of the causes for headache and endeavour to reach a safe and sane conclusion in regard to what should be done for this disturbing symptom.

A large number of headaches are what we call "functional" in type; that is, they have no apparent cause. This large group includes the headaches associated with menstrual disorders and especially with the menopause. Many women, as they go through the so-called "change of life," have rather troublesome headache, most often at the base of the brain. Intelligent care must be provided for this complaint, as ordinary "headache powders" or tablets are ineffective except for the moment. Another group having this type of headache is made up of the nervous, high-strung individuals who are easily upset by anything which is disconcerting to them or anything which disarranges their programme. These persons will most likely have "nervous indigestion" as well, and will have difficulty in sleeping. Exceptional skill is required in handling these difficult cases.

I believe, however, that the cause for most headaches can be found. It is unwise, therefore, to say that a headache is not caused by any organic disease, because a correct diagnosis may be missed, and the patient will continue to suffer, perhaps needlessly. Therefore all types of diagnostic methods at the physician's command should be employed to find the cause.

A careful medical history of the sufferer is paramount in the study of a case of headache. Important questions which must be answered, in addition to a host of others, are: When did the headache first begin? How persistent is it? What aggravates it? Where is it located? What time of day is it worse? A thorough, complete physical examination is of equal importance, together with whatever laboratory tests are necessary. As a rule, some good clues as to the cause will be discovered by the time the above studies have been made, and further corroboration can be secured by watching the clinical course of the illness. If the above measures are instituted in all cases of

persistent headache, there will be few, indeed, who will not be benefited by proper treatment.

There is one type of headache known as migraine, in which the hereditary tendency is very strong. There is also much evidence to support the idea that migraine develops on an allergy basis. The patient usually feels uncomfortable beforehand, so knows an attack is coming. Then severe pains are experienced across the forehead or between the eyes. Flashes of light develop, and the patient cannot stand any jarring noises. He is incapacitated for the time being, but when the pain subsides, he is perfectly free from any complications. An attack may last from one to three days. Admittedly, we do not know all there is to know about this condition, but physicians can help these cases if instructions are carefully followed.

Many headaches are caused directly by organic disease. Almost all types of brain diseases produce headache. Among the most notable are brain tumours. Such headaches are produced by an increase in pressure within the cranial vault or by pressure upon vital nerve centres. The headache produced is constant and severe. Only removal of the tumour will relieve the distress. Meningitis, in its many forms, whether it be tubercular, syphilitic, or meningococcic in type, will produce headache. The cure of the headache depends, of course, on the cure of the disease.

In connection with headache, I think it proper to discuss constipation briefly. It has long been known that headache may result if constipation is present. The usual assumption is that there is "toxic absorption of poisons" because the bowel is not evacuated. There are many medical cults who would have the general public continue to believe this, as these cults can then sell to their clients colonic irrigations, flushes, etc. Let me assure you that toxic absorption does not occur to any appreciable extent in constipation, as the large bowel absorbs small amounts of water from the stool, but practically nothing else –*The Oriental Watchman.*

Dangers of Overtime Work

In view of the fact that overtime work in government offices at Ottawa has already presented serious problems, the article on fatigue is timely and illuminating

The writer reviews the experience of authorities in Britain In the crisis of last spring, the British Government appealed for extra work Factories began working 24 hours a day, seven days a week, cancelling all holidays At first there was an increase in output but after two months of extreme effort absenteeism increased and men arrived late for work Frequently men worked on Sunday at double pay and then took a day off in the middle of the week

In the Royal Ordnance factories, Sunday labour was discontinued in July without reducing production. One factory, after reducing the hours, set a new record for one week's production It is now recommended that the weekly maximum be reduced to 55 or 56 hours.

A committee organized to consider this problem reached the following conclusions:

(1) Increased hours of work above an optimum, which varies slightly with different industries, do not increase production proportionately and may even result in a decrease ,

(2) When heavy overtime is worked for prolonged periods, the general health of workers is undermined ;

(3) If overtime has been prolonged, a reduction in hours will increase output, though there will be a time lag corresponding to recuperation of energy ;

(4) If general health is undermined, a reduction in optimum hours will fail to effect the required increase of output

—*Dill, David B* ,—*Hygeia*.— F. W. R. *National Health Review.*

Topics from Medical and Health Periodicals

The Grape-fruit

ALTHOUGH the grape-fruit's portly
His air is blithe and gay;
We welcome his appearance
Upon the breakfast tray.
He is a cosmopolitan,
And loves abroad to roam—
In Hollywood or Hampstead
He is equally at home.
At lunch or dinner parties
He's sparkling and merry,
And wears within his button hole
A rosy little cherry.

Uses of Milk

THE consumption of whole milk in Canada in 1941 was eighty-six pounds per person. Milk is the most nearly perfect food. But it is also the most prolific contributor to the modern miracles of synthetic fabrics and plastics. After we make cheese, we can make butter from the whey; after we skim the whole milk for cream, we can separate the casein or milk curd from the skimmed milk, and it is this casein that forms the basis of many new products,—glossy paper-coating of magazine paper, cold water paint for interior decoration, film, shoe polish, necklaces, bracelets, jewellery, floor covering, cosmetics, medicines, etc. —*O. W.*

The Banana—Its Nutritive Value

WHAT cereals are to the temperate regions, what potatoes are to the people of the United States, what Indian corn (maize) was to the Indians at the time of the discovery of the New World, that the banana is to the people of the tropics.

In the original home of the banana—India—medical men prescribed it not only for its nutritive, but also for its medicinal properties. "The dictionary of the economic products of India" contains among other numerous extracts, the following statement by Civil Surgeon R. A. Parker: A combination of ripe banana, tamarind and common salt is most efficacious in dysentery. I have used it in many cases, both in the acute and the chronic forms of the disease and seldom failed to effect a cure.

The banana has been called the 'poor man's fruit' because it is an ever available fresh fruit obtainable at all seasons at a price that brings it within the reach of everybody It is often cheapest when at its best—when the skin is darkened and the fruit is soft though still firm. The highly satisfying nature of the banana adds to its economic value.

The banana has a high caloric or fuel value yielding over 400 calories to the pound. One large banana supplies about 100 calories. It is richer in solids and lower in water content than other fresh fruits. Its high content of easily assimilable sugars makes it a quick source of quick energy and provides an excellent means of fatigue recovery.

The following minerals are supplied to the diet by the banana: calcium, magnesium, phosphorus, sulphur, iron and copper In its iron content the banana is second only to the strawberry Leitch states that bananas figure outstandingly among such foodstuffs as are certain to introduce iodin into the human system. Its alkaline ash contributes to the alkalinity of the blood. The protein and fat content of the banana, though too small to constitute a perfectly balanced ration, it will provide a ration that supplies all the nutritional needs of the body, with the addition of milk which is rich in protein and fat. The vitamin content of the banana is high. It has been found to be a good source of vitamins A, B and C and it contains vitamin G and E. Owing to its vitamin C content, the banana ranks second only to the orange as a preventive of scurvy. Experiments made in India have shown that when an animal developed scurvy and was losing weight the addition of banana pulp to its diet cured and prevented the disease and also enabled the animal to gain in weight steadily.

Great improvement was noted in under-nourished and underweight school children when, under the supervision of Nutritional Clinic, each child was given two bananas and two glasses of milk during the school day, in addition to the regular lunch.

"The banana is much more than an agreeable dessert" says Czerny. "There is no substitute for it. Bananas are an excellent food of nutritional value, especially so for children. It is good for the population that this fruit has found its proper place in the nutrition of mankind."—E. E WAGNER in *Good Health.*

To First Principles Again

NUTRITIONAL safety lies in omnivorousness, in consuming, so far as possible, foods in their natural states, and, in the case of fruits and vegetables, eating some of them raw Some of our malnutritions started with the processing, the refining and the purification of such foods as the cereal grains, modern milling processes shunting the most valuable part of those natural foods into the mouths of chickens, cattle and hogs The whole germ of the grains holds valuable proteins, vitamins and minerals. Human dietary safety on this front would seem to be to go back to first principles *putting the whole grain into the flour and the bread.* This can be done

We can learn to like it. There is no more "purity" or nutritional virtue in white bread than in winter butter. I think we could learn to prevent the oxidative rancidity of whole grain flour. And until we have that problem licked, what is the matter with storing the wheat, and milling the flour as we need it.

I do not see any essential economic principle in storing the flour in place of storing the wheat. In my judgment, the recent addition of a little of the vitamins and minerals now milled out of the grain and singing peans of dietary salvation over this "enriched" flour and bread is not a sound policy either for to-day or to-morrow. Let us get back to the first dietary principles on this front also. The whole wheat, rye or rice grain is one of our least expensive and protective foods. On the whole, we can trust nature as to the genuine nutritive elements in the whole grain; yes, trust nature further than the chemist and his synthetic vitamins.—A. J. CARLSON, Ph. D., Chicago, in a *Radio Interview*.

Health Insurance

GOVERNOR Olson of California in his message to the California legislature on January 6th made a specific recommendation that "California adopt a system of universal compulsory health insurance." The Governor said

'The need and demand for such insurance is amply demonstrated by the many plans proposed or already in operation, including that advanced by the medical association. These plans are all constructive in purpose and many of them are quite useful within their limits but, by their very nature, they cannot meet the broad needs of society.

'There is but one method that is socially adequate. That is the method already applied to workmen's compensation insurance, old age insurance and un-employment insurance. It is the method applied to health insurance in twenty-four of the twenty-seven countries having health insurance, that is, by making it both universal and compulsory. In our department of employment, which administers Unemployment Insurance in California, we already have the machinery and the organization to take over the work of administering a health insurance plan.'

The California Medical Association conducted in the early thirties a State-wide study of the medical needs and facilities of the State and expended well over $ 50,000 of its own funds on the project The State Medical Association co-operated with a State Senate interim committee in a survey of the situation. After the house of delegates of the State Association in a special session held late in 1934 by a close vote apparently endorsed the principle of compulsory health insurance, the interim committee and representatives of the State Association jointly drafted a Health Insurance Bill, which was introduced in the legislature in 1935. The measure was favourably reported out of committee but made no further legislative progress. That measure, however, is distantly, if at all, related to the system suggested by Governor Olson.—*The Journal of the American Medical Association.*

Science and Old Age

" And then from hour to hour we rot and rot;
And thereby hangs a tale."

EVEN to day scientists know very little more than Shakespeare knew 341 years ago about how the rotting goes on. So sometime back the American Chemical Society took stock of man's knowledge of ageing and agreed it was high time scientists learned more.

One way to forestall ageing, some chemists suspect, is a judicious diet. Dr. Henry Clapp Sherman of Columbia found that when rats were given increased amounts of either calcium or riboflavin (vitamin B_2) or vitamin A, senility was deferred and they lived longer.

Biggest news about ageing is what scientists do not know. Examples:

Nobody knows in detail what effect nutrition has on life span.

Nobody knows for sure whether hardening of the arteries is connected with the ageing process. Some children have some form of it, usually after an infection.

Nobody knows how cells in an aged body differ from cells in a young one, nor can they detect much change in body fluids.

Nobody completely understands why old bones are slow to heal.

Nobody is absolutely sure why old hair becomes grey, old hands mottled, old faces sallow.

Nobody knows why anything dies "We say a person died of cancer, but we don't know why the cancer killed him. We don't know the mechanics of death."

Laughter—the Technique of Perfection

AS the aged Queen in *Victoria Regina*, Helen Hayes' imitation of an old woman's laugh was a masterpiece of accuracy. Miss Hayes knew that laughter in the very old is a strong surge of merriment in a body too frail to express it, but she was dissatisfied with her version of Victoria's laugh at 70. The second night of the play's run she noticed an old lady having a fine time in the first row. Her laughter came in short hard chuckles from the deep folds of her black silk, and after each spasm she gasped, wiped her eyes with her handkerchief, and settled back in the seat sighing pleasurably. Miss Hayes made a careful study of this laugh. From then on Victoria's laugh was that of the elderly play-goer and as such was perfectly true to life.—MARGARET CASE HARRIMAN in *New Yorker*.

Sleep for War Neuroses

VICTIMS of war neuroses who do not respond to insulin treatments are now being successfully treated by sleep. The patient is put to sleep for twenty hours each day for from five to ten days. This treatment has been reported by Dr. Robert Dick Gillespie, noted British psychiatrist. Sleep is induced by various barbiturate drugs, and a schedule can be arranged whereby the patient is awake at mealtimes.—*O.W.*

Fatal Road Accidents to Children

SINCE the spring of 1940 the number of road deaths of children has increased by over 50 per cent. and now averages *more than three every day.*

Children between the ages of 3 and 8 are the most numerous victims. Very few children are killed after dark and few accidents occur at or near school premises.

One in seven of the children killed had been evacuated, most of them from the London area The report issued by the Royal Society for the Prevention of Accidents contains a map on which is marked the locality in which each of the accidents investigated occurred.

The cause of most of these child accidents was a sudden dart into the road. There was an increase in casualties when playing around vehicles, either when these were moving or stationary.

Of 154 children under 8 years of age who were killed, only 19 were accompanied by an adult at the time of the accident.

In the case of cyclists, two principal causes of fatal accidents were collisions at road junctions, loss of control and swerves.

Further information on frequency of accidents to children and to adults can be obtained on application to the Royal Society for the Prevention of Accidents, Terminal House, 52, Grosvenor Gardens, London, S.W.1.
—*Mother and Child.*

Significance of Fear

FEAR which was one of the most widespread human emotions, could be both good and bad. Fear might provide for safety, as in the self-protection behaviour of animals, and in the human it might also provide for social integration, particularly the fear of punishment or ridicule. Fear resulted in disturbance of the autonomic nervous system with many physical manifestations and might lead to disorders which could not be cured by the physician or surgeon unless the underlying anxiety was removed It was always to be remembered that a man might demonstrate bravery owing to his fear of being afraid and it was fear itself which was the fundamental cause of the adoption of superstitious practices Professor Henderson believed that fear was more social than sexual in its origin and that it depended on separation from the mother both in children and adults. Fear and loneliness went hand in hand. In children fears and anxieties which might subsequently give rise to serious nervous disease were often initiated superficially by casual remarks of maids, nurses, or mothers. He criticised our educational system in which there was no attempt to differentiate between those children who were able to stand its rigours and those who by their innate constitution were unable to do so He believed that this was important in the production of nervous and mental illness which might be avoided if more care were exercised in the choice of schools and in assessment of the stability of the child. Fear state initiated in childhood persisted into adult life, usually in highly sensitive, artistic people who disliked loneliness and might come to use alcohol as a means of maintaining a uniform state. They came to be dominated by unreal fears for health, life and so on, and at first they repressed their fears and put up a good show. This was usually because of the additional fear that they would be ridiculed or thought mad if they spoke freely. They usually avoided speaking of their fears even after these had been present for many years and a tremendous continual nervous conflict developed which was more fatiguing than the heaviest physical exertion. It was demonstrated by asthenia, lack of concentration and loss of spontaneousness, together with physical features which might be referred, for example, to the heart or the digestive system. Doctors should try to obtain the psychological back-ground of their patients, particularly those suffering from psycho-neurosis. It was necessary to know the back-ground against which their symptoms had developed before the modification or cure could be obtained, and in the long run time spent in this elucidation was time saved. We must study and supply the psychic needs of the child just as much as we did his physical needs but it was surprising how dangerously little attention was paid to this.—*The Lancet.*

Deformities of the Feet

THE word 'talipes' may sound a strange one to many It is expressive enough, however, when we remember its derivations; tales, the ankle, and pes, the foot. It is used to designate all species of deformities generally known as club-foot which are common among children. The bones of the ankle, etc, may be twisted down or up or to either side In nearly all cases it is capable of being remedied if the child is taken early enough to the surgeon, and the more experience the surgeon has had in this class of cases, the more simple and perfect will the cure be. If, on the other hand, the ankles are only weak, attention to the health, more nourishing foods and sea-bathing will put matters right or straight. But an India rubber bandage should be worn round the ankles in order to give support. If matters do not mend, the little sufferer should be taken to the surgeon.

Flat-foot is another accidental deformity which must be treated very early if good results are to be obtained. Much walking will give pain For a time no heavy weights should be lifted. The cure consists in having rounded soles placed in the inside of the boot or shoe These are made higher as the treatment proceeds ; the surgeon will see to this.

There are two other troubles which afflict a great many boys, and even girls. They are the bow-leg and the knock knee. The bow-leg is caused, as a rule, by a deficiency in the earthly salts of the bone This itself suggests the remedy. The idea of parents that children "grow out" of this deformity is fallacious.

The dietetic treatment of knock-knees is just on the same principle, because this deformity, like the other, occurs mostly in children

who are not too strong, though they need not be subject to rickets It is really the ligaments of the joints that are in fault, and in every case a surgeon should be consulted. Too much exercise must not be taken, and the soles of the boots and shoes should be well kept up.—*I.M.B.*

Elephantiasis

THIS condition of enlargement of a part is due to mechanical obstruction of the lymphatic glands and vessels. In the tropics the condition is usually secondary to filaria, though other obstructing causes are known, such as syphilis, pressure from tumours, etc. The most usual sites of infection are the glands of the groin, resulting in enlargement of one or both legs. Other parts commonly affected are the scrotum, arm, and in women, breast and vulva.

The part beyond the obstruction has an impaired circulation, and the tissues become very coarsened and the fibres separated with a jelly-like substance. The surface skin of the affected area becomes rough, and is divided up by grooves into islands of crumbling epithelium.

Amputation is often the only possible treatment for the condition, but even this is contra-indicated if enlargement is very advanced, as the risk of hæmorrhage and sepsis from the unhealthy stump would be too great.

Elephantiasis complicating filaria is, of course, found in the regions inhabited by the Culex mosquito, and in parts of India and Africa, cumbersome limbs are quite a common sight.—*Nursing Journal of India.*

Do You Know

AT some British clinics, children are given a special black currant syrup, reported to contain five times as much vitamin C as orange juice.

In Lighter Vein....

Divine Gift

"I AM afraid, doctor," said a woman to the physician she had cornered at a reception, "that my husband has some terrible mental affliction. Sometimes I talk to him for hours and then discover he literally hasn't heard a word I said"

"That isn't an affliction, madam," was the weary reply, "that's a divine gift."

Medical Boards

TWO Tynesiders had been called up and were told to go for their "Medical." Neither wanted to join the Forces, but the fatal day arrived without either being able to think of a way out.

The first Geordie enters the consulting room and strips

Doctor—I see you are wearing a truss. How long have you been wearing it ?

First Geordie—10 years, Sir.

Doctor (writing M.U. on official form)—Well Geordie you are Medically Unfit and the Forces therefore will not need you.

First Geordie returns to the waiting room beaming and rubbing his hands in joy. He tells the second Geordie, who persuades him to lend him his truss. The second Geordie enters the consulting room and strips.

Doctor—I see you are wearing a truss. How long have you been wearing it ?

Second Geordie—6 years, Sir.

Doctor Writes M.E. on official form.

Second Geordie—You mean M.U , Medically Unfit, don't you, Doctor ?

Doctor—No ! I mean M.E , Middle East. If you can wear a truss upside down for six years you can jolly well ride a camel.

—*U.D.S. M. Gazette.*

ERRATA

We received late last month from Dr. V. Krishnamoorthi Rao, Srivilliputtur, revised copies of the two articles entitled "Vitamins" and "Guinea-Worm Infection and its Prevention" contributed by him to the April '43 issue of the HEALTH, for incorporation of the corrections in the original. We are giving the wrong and correct versions below and request our subscribers to read the articles as amended :—

Under "VITAMINS"

Page	78	Line	6 and 7	right column	*omit*	"calculi (stone) in the bladder and diarrhœas " and *insert* full stop after the word "diseases"
,,	79	,,	2	left column	*omit*	"along with calcium and vitamin A."

Under "GUINEA-WORM INFECTION AND ITS PREVENTION"

,,	83	Line	14	para 2	left column	*omit*	"They" and *insert* "The Cyclops"
,,	83	,,	25	,,	,,	*omit*	"in the intestines" and *put* a full-stop after the word "worms"
,,	83	,,	28	,,	,,	*add*	"of the body ' *after* "tissues"
,,	83	,,	30	,,	,,	*omit*	"frequently like the knee and the ankle " and *insert* "as the leg, etc."
,,	83	,,	34	,,	,,	*omit*	"elbow, tongue" and *insert* the word "arms"
,,	83	,,	1		right column	*omit*	"filtering' and *insert* the word "straining"